



Please type a plus sign (+) inside this box →

HDP/SB/21 based on PTO/SB/21 (08-00)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/870,241
Filing Date	May 30, 2001
First Named Inventor	ARAI et al.
Group Art Unit	1742
Examiner Name	John P. Sheehan

Attorney Docket Number

RECEIVED
AUG 27 2003
TC 1700

9319A-000220

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers
(for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Response | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s)
(please identify below):
Return Postcard |
| <input type="checkbox"/> Express Abandonment Request | <input checked="" type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | Remarks |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

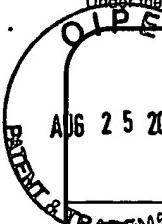
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name G. Gregory Schivley/ Bryant E. Wade	Reg. No. 27,382/40,344
Signature			
Date	August 22, 2003		

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.

Typed or printed name	G. Gregory Schivley/Bryant E. Wade	Date	August 22, 2003
Signature			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110)

Complete if Known

Application Number	09/870,241
Filing Date	May 30, 2001
First Named Inventor	ARAI et al.
Examiner Name	John P. Sheehan
Group / Art Unit	1742

RECEIVED
AUG 27 2003
TC 1100

Attorney Docket No. 9319A-000220

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number

08-0750

Deposit Account Name

Harness, Dickey & Pierce, P.L.C.

The Commissioner is authorized to: (check all that apply)

-
- Charge fee(s) indicated below
-
- Credit any overpayments
-
-
- Charge any additional fee(s) during the pendency of this application
-
-
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$ 0)

2. EXTRA CLAIM FEES

Total Claims	21	-29 **	= 0	Extra Claims	Fee from below	Fee Paid
Independent Claims		-3 **	= 0	X		
Multiple Dependent				X		

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity
Fee Code	Fee (\$)
1051	130
1052	50
1053	130
1812	2,520
1804	920*
1805	1,840*
1251	110
1252	410
1253	930
1254	1,450
1255	1,970
1401	320
1402	320
1403	280
1451	1,510
1452	110
1453	1,300
1501	1,300
1502	470
1503	630
1460	130
1807	50
1806	180
8021	40
1809	750
1810	750
1801	750
1802	900
Other fee (specify) Terminal Disclaimer Fee Under 37 CFR 1.20(d)	

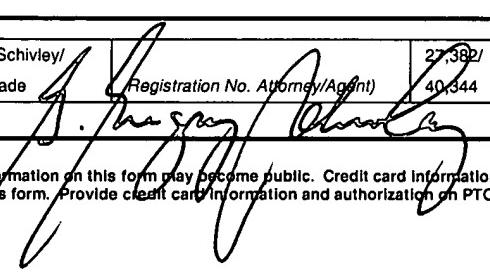
*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 110)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	G. Gregory Schivley/ Bryant E. Wade	Registration No. Attorney/Agent	27,382/ 40,344	Telephone	(248) 641-1600
Signature					

Date August 22 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.